

# POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced) Standard MWR NAF PD										3. Service										4. Employing Office Location										5. Duty Station										1. Agency Position No.																													
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt										8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest										9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										6. OPM Certification No.																																							
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)										11. Position Is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither										12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive										13. Competitive Level Code																																							
15. Classified/Graded by										Official Title of Position										Pay Plan										Occupational Code										Grade										14. Agency Use NAF																			
a. Office of Personnel Management																																																		Initials										Date									
b. Department, Agency or Establishment																																																																					
c. Second Level Review										Rec Specialist Physical Fitness										NF										0188										03										SN										12-31-01									
d. First Level Review																																																																					
e. Recommended by Supervisor or Initiating Office																																																																					
16. Organizational Title of Position (if different from official title)																				17. Name of Employee (if vacant, specify)																																																	
18. Department, Agency, or Establishment																				c. Third Subdivision																																																	
a. First Subdivision																				d. Fourth Subdivision																																																	
b. Second Subdivision																				e. Fifth Subdivision																																																	
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.																				Signature of Employee (optional)																																																	
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that																				this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																																																	
a. Typed Name and Title of Immediate Supervisor																				b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)																																																	
Signature										Date										Signature										Date																																							
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.																				22. Position Classification Standards Used in Classifying/Grading Position OPM PCS Recreation Specialist, GS-0188, TS-64 June 82, TS-36 Sept 79																																																	
Typed Name and Title of Official Taking Action S. J. NEW Principal Classifier																				Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.																																																	
Signature										Date																																																											
23. Position Review										Initials										Date										Initials										Date										Initials										Date									
a. Employee (optional)																																																																					
b. Supervisor																																																																					
c. Classifier																																																																					
24. Remarks																																																																					
25. Description of Major Duties and Responsibilities (See Attached)																																																																					

**NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE :** Recreation Specialist (Physical Fitness)

**POSITION NUMBER** 01-0132

**JOB SERIES:** 0188 **PAY LEVEL:** NF-3 **Summary of Duties:**

Plans, organizes, and conducts a physical fitness program that provides conditioning programs for authorized patrons. Instructs individuals and groups in the proper implementation and maintenance of conditioning and training programs for aerobic fitness, muscular fitness, body composition, and flexibility training. Conducts micro-fit testing, which includes measuring individuals aerobic capacities, their body fat percentage, recommended height/weight ratios, strength, flexibility, muscular endurance and blood pressure. Works with various command representatives in developing and implementing physical fitness programs for military personnel.

Instructs patrons in the proper use of all equipment for training and self-monitored progress by preparing written instruction and procedures for the performance of work, use of equipment, safety and well being of all involved.

May train/lead other employees in various recreation/physical fitness-related positions. Registers students, collects fees, maintains attendance and appropriate accounting records. Ensure all safety measures are observed. Responsible for care of equipment and security of facilities.

Performs other related duties as assigned.

**Minimum Qualifications:**

A minimum of three years experience that demonstrates a working knowledge of the assigned program. A degree from an accredited college/university in a related field may be substituted for two years of experience. Certification in CPR and First Aid is required.